11									Application	u orf	Jockei Mui	nber
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 (0789065												5
CLAIMS AS FILED - PART! SMALL ENTITY OTHER TH												
י	OTAL CLAIMS	<u> </u>	14					RATE	FEE	ヿ ゙	RATE	· FEE
F	OR		NUMBER FILED		NUM	UMBER EXTRA		BASIC FI	€ 385.00	OR	Basic Fee	770.00
7	OTAL CHARGE	ABLE CLAIMS	4 minus 20=		•	0		X\$ 9•	C	OR	X\$18=	
IN	DEPENDENT C	CLAIMS	minus 3'=					X43=	10	OR	X86*	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	0	OR	+290=	
* If the difference in column 1 is less than your enter "1" in column 2											.TOTAL	
CLAIMS AS AMENDED - PART II												THAN
(2/18/06 (Calumn 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	
AMENDMENT A	watt	REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.27	Minus	-2	8	.0		X\$ 9=		OR	X\$18*	
	Independent	.6	Minus	1-6	2 ·	1.0		X43±	IX	OR	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
				•			Į	+145=		OR	+290=	
/	7-19-1	26		•			,	TOTAL VOOR, FEE		QR.	TOTAL ADDIT FEE	<u> </u>
1	(77) (Column 1) (Column 2) (Column 3)										/	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	T tal .	.8	Minus	-2	8	-/)	Γ	X\$ 9=	. /	OA	X\$18=	
	Independent	• /	Minus	-6	2	.0.	ł	X43= ·	X		X86=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	A-02- ·		OR	700°	
	,					·		+145-		OR	+290=	
	11.1	_				•		YUTAL DON. FEE	•	ŊĦ,	TOTAL MODIT, FEE	
	///610	7(Column 1)	•	(Colum	17 2)	(Column 3)	ः	7	•. *	. /.		·
U	`	CLAIMS REMAINING	•	HUGHE	5T ·		X	(, , 	ADDI-	1		ADDI-
AMENDMENT (AFTER AMENDMENT		PREVIOU PAID F	ISLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
5	Total	• 8	Minus	-2	2	• 0	Γ	X\$ 9e		OR	X\$18=	
Ę	Independent	• /	Minus	-6		• 0	r	X43-			X86=	
•	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		-	/-	—	OR		
	• • • • • •		•	_				+ 145=		OR	+290 <u>-</u>	
If the entry in column 1 is less than the entry in column 2, write 'U' in column 3. If the "Highest Number Productly Paid For" IN THOS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE												
***	if the Highest Nu	mber Proviously Paid ber Proviously Paid	M For IN THE	S SPACE &	least the	Lenter 3.			vooristė bes			
	g		_ (~ ~ ~ ~ ~	The same same same	,			•	•	Ī

FORM PTO-873 (Rate 1000)